

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29825**

|   |   |  |  |   |   |   |                            |
|---|---|--|--|---|---|---|----------------------------|
| BIRTH NO.   |   | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. <u>3980</u>   |                            |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |                            |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |   | c. LENGTH OF STAY (In this place)<br><b>8 yrs</b>  |  | c. CITY OR TOWN <b>Kansas City</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>   |   |  |  | • STREET ADDRESS (If rural, give location)<br><b>3538 Olive</b>   |   |   |                            |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b> b. (Middle) <b>Bertram</b> c. (Last) <b>Robinson</b>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>September 10, 1955</b> |   |   |   |                            |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>                                 | 8. DATE OF BIRTH <b>December 15, 1879</b>                          |   | 9. AGE (In years last birthday) <b>75</b> | IF UNDER 1 YEAR Months Days   | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Store Owner</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Grocery Store</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Fairport, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |                            |
| 13a. FATHER'S NAME<br><b>John B. Robinson</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret James</b>   |  | 14. NAME OF HUSBAND OR WIFE   |   |   |                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Official Records VA Hospital, K.C., Mo.</b>   |   | ADDRESS   |                            |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Cerebral thrombosis</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis (severe)</b> |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b>  |                            |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |   |   |                            |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |   |                            |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>VA</b>  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |   |   |                            |
| 22. I hereby certify that I attended the deceased from <b>August 21, 1955</b> , to <b>September 10, 1955</b> and that death occurred <b>at 12:20 pm.</b> , from the causes and on the date stated above.                      |   |  |  |   |   |   |                            |
| 23a. SIGNATURE<br><b>M. R. Gunn</b><br>M. R. GUNN, M.D.   |   |  |  | 23b. ADDRESS<br><b>VA Hospital, K.C., Mo.</b>   |   | 23c. DATE SIGNED<br><b>9-11-55</b>  |                            |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   | 24b. DATE<br><b>9-11-55</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY  |   | 24d. LOCATION (City, town, or county) (State)<br><b>Maysville, Missouri</b>   |                            |
| DATE REC'D BY LOCAL REG.<br><b>9-11-55</b>  |   | REGISTRAR'S SIGNATURE<br><b>neva michall</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Pitcher Mortuary Maysville Mo.</b>   |   | ADDRESS   |                            |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BY Sidmon's

SEP 28 1956

1956  
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Sidman  
Licensed Embalmer No. 45  
P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.